

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 549901

FILING DATE

9-20-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		2		
5		1		1		
6						
7		3		3		
8	1		1			
9						
10		1		1		
11						
12		2		2		
13						
14		2		2		
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TOTAL IND.	↓		2	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	↓			↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						